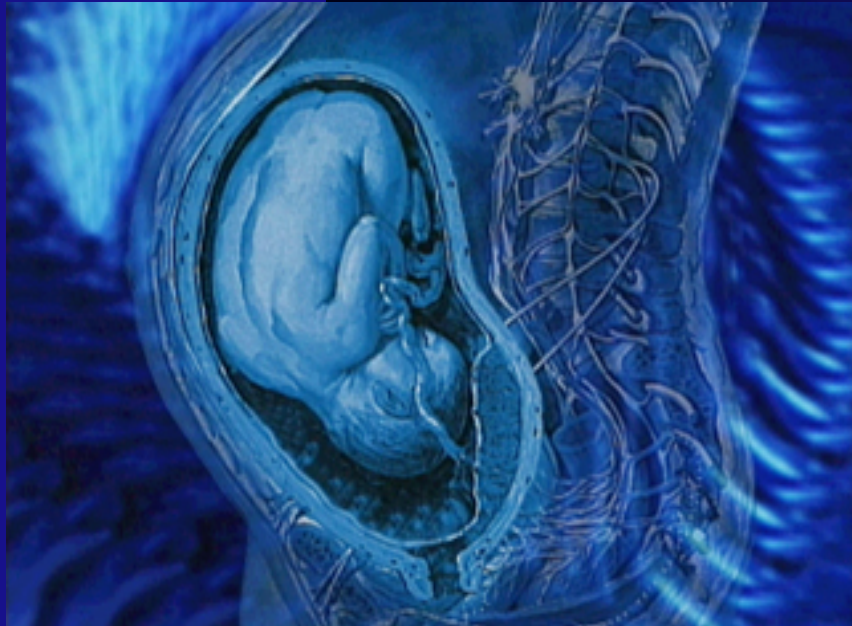


Integration of Perinatal Programs

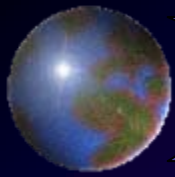


HIV, Hepatitis B, and Sexually Transmitted Diseases

Libby Landrum, RN, MSN

Perinatal Disease Prevention Coordinator

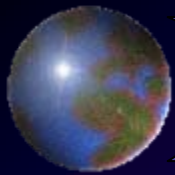
Missouri Department of Health and Senior Services



Integrate Perinatal Prevention Programs

- Consolidate perinatal HIV, hepatitis B and STD's prevention efforts
- Consolidate health care provider education opportunities
- Collaborate and link to services

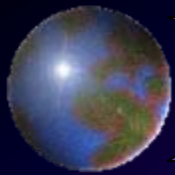




Goals of Integration

- Increase prenatal testing
- Establish hospital testing policies and practices
 - **pregnant women of unknown infection status admitted for labor and delivery**
- Establish hospital policies and practices
 - **in prevention**
 - **immunoprophylaxis**
- Link prevention and care
 - **community-based services**
- Change the world





Collaboration of Programs

■ Bureau of HIV/STD/Hepatitis

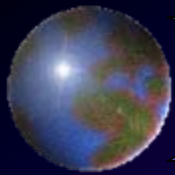
- HIV Case Management and services
- Perinatal Hepatitis B Case Management
- Missouri Infertility Prevention Project
 - Chlamydia
 - Gonorrhea
- Syphilis Elimination



■ Bureau of Genetics and Healthy Childhood

- Missouri Community Based Home Visiting Nurses
- Building Blocks of Missouri





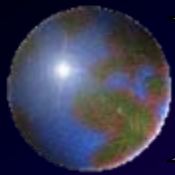
Educational Workshops

- Health Care Provider Education
- Team presentations
- Theme - One is Too Many...

Perinatal Hepatitis B, HIV and Congenital Syphilis – Prevention and Early Identification For a Better Outcome

- ❑ Disease Information
- ❑ Viral Marker Information
- ❑ Treatment Information
- ❑ Service Linkage Information

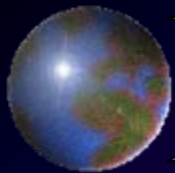




Birth Hospital Visits

- Review policies and practices on
 - ❑ prenatal testing
 - ❑ communication of maternal infection status to L&D and Nursery staff at the time of delivery
 - ❑ use of rapid testing in L&D
 - ❑ mother-to-child prevention interventions
- Provide visit summary reports
 - ❑ identify strengths and weaknesses
 - ❑ Provide recommendations
- Provide disease, intervention, and referral materials





Evaluation

2005-2006 Missouri Total

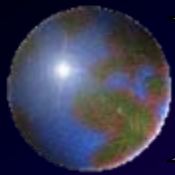
N=847 record pairs from 17 hospitals

- 97.5% documented maternal HBsAg test results
- 81.6% documented maternal HIV test results
- 97.3% documented maternal Syphilis test results
- 54.9% documented infant birth dose of Hepatitis B vaccine
 - 25.0% documented infant Hepatitis B vaccine within 12 hrs of birth



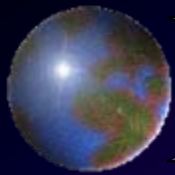
The background is a dark purple night sky. In the upper right, a large, bright yellow and white firework explosion radiates across the frame. Below the explosion, several diagonal streaks of yellow and orange light descend towards the bottom. At the bottom of the image, a black silhouette of a city skyline is visible, with several windows glowing in yellow and blue. Small, colorful pixelated squares (blue, yellow, pink) are scattered throughout the lower half of the image, resembling falling confetti or sparks.

Progress



Successes

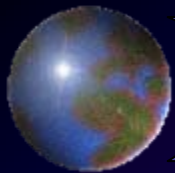
- Increased L&D and newborn nursery staff attention to:
 - stat testing for women of unknown infection status admitted to L&D
 - Preparedness for and administration of interventions
- Review and revision of policies, practices, standing orders
- Increased attendance in educational workshops
- Positive and rewarding interactions between DHSS and Birthing hospitals



Future Plans

- Work together
- Build teams
- Explore ways to:
 - integrate perinatal HIV and Hepatitis B case management for comprehensive perinatal case management
 - bridge disease investigation, case management, and community services to include specialists in
 - Gastroenterologists
 - Infectious disease practitioners
 - Obstetricians
 - Pediatricians
 - Family practitioners





Questions ???



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